#### **QUALITY ASSURANCE**

A quality assurance system must be in place that provides for ongoing evaluation of personnel and services. All programs must develop and implement a plan for internal program review and evaluation of its services to assure the provision of quality services and compliance with basic standards and policies. (Program Guidelines 10.4)

#### Overview

- 1. Risk management is the system used to minimize the probability of events that have adverse effects and cause loss of human or financial resources.
- 2. It involves the prevention of circumstances that will lead to a loss of resources.
- 3. Errors are reduced through a comprehensive quality assurance plan that includes activities at both the state and local level.

# **Activities**

- 1. At the State level, quality assurance activities include the following:
  - a. Office of Population Affairs (OPA) Title X site visits
  - b. State of Colorado performance audits
  - c. Periodic medical chart audits and medical site visits
  - d. Orientation to the department, division, and program
  - e. Annual work plans and objectives
  - f. Performance evaluations of state staff that can include input from delegate staff
  - g. Continuing education and training records
  - h. Annual review of site visit reports, plans of correction
  - i. Policy Advisory Committee (PAC) meetings
  - j. Evaluation and audits of the family planning data system
  - k. Progress reports on grant objectives
  - I. Insurance requirements and policies
  - m. Emergency plans
  - n. Job descriptions
  - o. Consultation with the Medical Director
- 2. At the local level, quality assurance activities include the following:
  - a. Medical chart audits (including Internal Medical Audits)
  - b. Medical, administrative/fiscal site visits
  - c. Data audits

- d. Independent financial audits
- e. Client satisfaction surveys
- f. Performance evaluations
- g. Orientation to the agency and program
- h. Continuing education and training records
- i. Peer review
- j. Bill of Rights for Clients
- k. Advisory council meetings and minutes
- I. Progress reports on agency work plan objectives
- m. Insurance policies and requirements
- n. Emergency plans and incident reports
- o. Job descriptions
- p. Consultation with the Medical Director

\*Refer to Section XI- Risk Management/Quality Assurance Policy, pages 1-5 in the Nursing Policy Manual for more information.

### POLICY ADVISORY COMMITTEE (PAC)

## **Definition**

The Colorado Department of Public Health and Environment Women's Health Unit (CDPHE WHU) Family Planning Policy Advisory Committee, hereafter referred to as PAC, is a standing advisory committee that provides continuous support and recommendations to the CDPHE WHU, its service providers and consumers.

### **Advisory Role**

While the PAC does not set policies or administer programs, the CDPHE WHU will consider all committee recommendations in making decisions.

# **Confidentiality**

PAC members are subject to the same rules of confidentiality as department personnel. Information shared with the committee may be confidential or sensitive in nature and should not be disclosed.

### **Conflict Of Interest**

Members of the PAC who have a personal and/or financial interest in organizations which would benefit from any committee action, or recommendation, must disqualify themselves from discussion or voting on those actions.

### **Communication and Education**

PAC members are expected to communicate community attitudes and needs to the CDPHE WHU staff, to recommend changes in program policies and procedures, and to otherwise make recommendations during CDPHE WHU's decision-making process. After decisions have been made, PAC members may be asked to help the CDPHE WHU to effectively communicate with and educate providers, consumers, and the public.

#### **Committee Composition**

The CDPHE WHU believes that diversity is essential to an effective committee. Delegate agencies should be represented geographically and by delegate type to the extent possible. Invitations for membership will be extended by the PAC co-chairs, or decided by a vote of the PAC membership. CDPHE WHU staff will be ex-officio members.

#### Membership/Meetings

The membership will include at least five members, unless decided otherwise by a vote of the PAC membership. There will be at least one meeting, twice annually, and more as called by the PAC in order to accomplish its duties; the length of the meeting will be determined by the agenda requirements. Meetings may be accomplished with a conference call.

# Officers

The officers of the PAC shall consist of two co-chairs. The co-chairs shall be elected from the PAC and shall preside over the meetings of the committee. They shall be kept advised of the general affairs of the program. They shall serve as co-chairs of the committee and as ex-officio members of all subcommittees and shall perform other duties as may be assigned to them by the PAC. Each Co-chair shall have one vote.

### **Term of Office**

Term of office for co-chairs shall be two years, and co-chairs may serve no more than two terms. Elections will be held each year, and the terms of each co-chair will be staggered, not running concurrently.

#### **Minutes**

The CDPHE WHU staff is responsible for taking the minutes of each PAC meeting and for distributing to members all appropriate correspondence and materials.

### **Compensation**

Members shall serve without compensation, except reasonable expenses shall be paid.

### Voting

All questions at a meeting of the PAC shall be decided by consensus, or a majority vote of the members entitled to vote and present at the meeting. Each agency shall be entitled to one vote. Community representatives may attend meetings as observers only, and will not have a vote, or participate in the official PAC discussion unless recognized by a PAC co-chair.

### **Amendments**

These guidelines may be amended or replaced and new guidelines adopted by a majority vote of the entire membership. Amendments to the guidelines may be proposed and approved at the same meeting that they are proposed.

# **PAC Objectives**

- 1. To help CDPHE WHU and delegates analyze problems and develop recommendations to improve the effectiveness of the CDPHE WHU in serving clients, and the efficiency and responsibility with which it uses public funds;
- 2. To advise on existing and future state and local family planning program needs and plans to meet those needs:
- 3. To promote and generate public interest and support for family planning services;
- 4. To provide information and feedback to state staff and PAC members concerning rural and urban needs and current developments relevant to family planning at the local level.

### Subcommittee:

**Medical/Nursing Committee (MedPAC)** - Staffed by the nursing consultant; MedPAC consists of at least one of the PAC co-chairs and delegate agency/special project nursing and medical staff. This committee meets guarterly and invites guest speakers or consultants when appropriate.

# CDPHE FAMILY PLANNING PROGRAM POLICY ON RESPONDING TO CONSUMER COMPLAINTS

The Women's Health Unit welcomes feedback from consumers. Staff is expected to respond quickly to complaints or concerns received by telephone; preferably by the end of the business day the call was received. If a consumer wishes to submit the complaint in writing, it should be addressed to the Director of the Family Planning Program. Procedures are as follows:

- When a complaint is received by the WHU, the standard form must be completed by the complainant or the information can be taken over the telephone.
- The Director of the Family Planning Program or a designee will investigate the complaint and respond to the complainant within five working days.
- If a complaint is investigated and it is determined that the delegate agency or special project is out
  of compliance with federal or state law or Title X regulation, the agency must submit a compliance
  plan within six weeks.

The following is a sample of a Consumer Complaint Form. This form can be downloaded from the Women's Health Unit website at:

http://www.cdphe.state.co.us/pp/womens/FPNursingConsntsForms.html

CONSUMER COMPLAINT FORM	
NAME:	DATE:
ADDRESS:	ZIP CODE:
DAY TIME PHONE:	EVENING PHONE
NATURE OF COMPLAINT (continue of	
Name/address of the clinic where you we	
What name did you use when you were	seen at the clinic?
Have you been seen as a client in that c	elinic before? o No o Yes
What name(s) have you used before?	
What service did you receive related to t	the above complaint?
What day and time did you receive that s	service?
Did you pay for that service? o No o	Yes What was the fee?
What were the names of the clinic staff t	that served you, related to the above complaint?

Family Planning Program Director
Women's Health Section
PSD-WHU-A4
Colorado Department of Public Health & Environment
4300 Cherry Creek Drive South
Denver, Colorado 80246